

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 OF 170

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Maurice Lyons**

Mailing Address 301 Madison Avenue, 4th Floor

City State Zip Code  
 New York NY 10017-8103

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 The Medical Link, Inc.

Occupation  
 Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

09 / 23 / 2015

Transaction ID : 9855294

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **B. Kelly A. Madison**

Mailing Address PO Box 370

City State Zip Code  
 Meridian ID 83680-0370

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Myriad Benefits

Occupation  
 Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 23 / 2015

Transaction ID : 9855296

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

## **C. Barbara A. McClaskey**

Mailing Address 1965 Pine Street

City State Zip Code  
 Redding CA 96001-1921

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Barbara McClaskey Insurance Services

Occupation  
 Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

354.00

Date of Receipt

09 / 23 / 2015

Transaction ID : 9855298

Amount of Each Receipt this Period

42.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

322.00